									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									10/738, 465				
CLAIMS AS FILED - PART I										-			
(Column 1) (Column 2)								SMALI TYPE			OR	OTHER SMALL	
TOTAL CLAIMS 3								RAT	E	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			ス minus 20=		* 1/			X\$ 9)=		OR	X\$18=	192
┝	DEPENDENT C			inus 3 =	***			X43	=		OR	X86=	
ML	ILTIPLE DEPEN	NDENT CLAIM PI	RESENT					+145	i=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	۱L		OR	TOTAL	968
CLAIMS AS AMENDED - PART II												OTHER	
(Column 1) (Column 2) (Column 3)								SMAI	LLE	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9	=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=	-		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						╽┟		\exists			.000	
	1, 14,27						L	+145 TO1			OR	+290= TOTAL	
							Þ	ADDIT. F			OR	ADDIT. FEE	
		(Column 1)	,	(Colun		(Column 3)							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9:	=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=			OR	X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						!	<u> </u>	ᅱ		011		
								+145:			OR	+290=	
	·							TOT DDIT. F		_	OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	,	HIGHI NUME PREVIC PAID I	BER JUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus `	**		=		X\$ 9=	=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X43=	1		OR	X86=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM				┪				
A Maharantaria and the disclose than the entering release County MOT in release C											OR	+290=	
												TOTAL ADDIT. FEE	
		mber Previously Paid ber Previously Paid					r four	nd in the	арр	ropriate box	in col	umn 1.	